

**REMARKS**

The Office Action dated October 28, 2003 has been carefully considered. Claims 1 and 11 have been amended. Claims 1-11 and 26 are in this application.

The previously presented claims were rejected under 35 U.S.C. § 102 as anticipated by Goetz et al. Applicant submits that the teachings of this reference do not disclose or suggest the invention defined by the present claims.

Goetz et al. describe a medication management system in which the system includes a data transfer interface for combining information from a retrievable patient database, a retrievable physician database and a pharmacist computer. The patient component is a rectangular battery powered unit with several input buttons, microprocessor an LCD panel and a scroll switch to allow a patient to scroll backward and forward through various display screens and options on the LCD. A first category of screens includes medical Information in Figs. 10 and 11. Fig. 13 is a user screen for the patient identified in Fig. 9 showing Bob Smith's normal daily routines and any particular notes. Fig. 14 is a current prescription screen for the patient identified in Fig. 9. Fig. 15 is a physician's new prescription drug screen. Fig. 16 is a physician's new prescription dosage screen for the drug identified in Fig. 15. Fig. 17 is a physician's new prescription schedule screen for the drug identified in Fig. 15. Fig. 18 is a physician's new prescription total dosage screen for the drug identified in Fig. 15. Fig. 19 is a physician's new prescription special instructions screen for the drug identified in Fig. 15. Fig. 20 is the physician's new prescription special instructions screen for the drug identified in Fig. 15 with a pull down menu expanded. Fig. 21 is the physician's new prescription refill instruction screen for the drug identified in Fig. 15. Fig. 22 is the physician's summary new prescription screen for the drug identified in Fig. 15. Fig. 23 is an exemplary caution screen for the drug identified in Fig. 15. Fig. 24 is an exemplary potential interaction screen for the drug identified in Fig. 15. Figs. 25 through 43 are a series of screens provided on the patient component as a result of the new prescription prescribed by the physician and illustrated in Fig. 22.

In contrast to the invention defined by the present claims, Goetz et al. do not disclose a method or system for generating a report of a one-page, one-sided sheet of paper correlating data of emergency contact information, medical history information, personal information and

medication information which report is readily observable by emergency personnel in a life-saving situation. An example of the report is shown in Fig. 2. Accordingly, in the present invention, all information for the life-saving situation is presented on a single-sheet of paper. Rather, Goetz et al. is a battery operated device which requires a user to scroll through numerous screens to locate information which could be used in a life saving situation. This type of device can cause precious time to be lost in a life threatening situation. In addition, a patient or user needs to be physically and mentally capable of manipulating a scroll switch to access various screens containing information. In contrast, as stated in the Declaration of Stephanie Ward submitted herewith, the present invention fulfils a long felt need of providing medical and personal information in a life saving situation.

Furthermore, Applicant submits that the data of Goetz et al. is arranged on linkable screens. Accordingly, even if the screens were printed, the printing of pages of the screens would result in multiple sheets of information and would not result in the report of a one-page, one-sided sheet of paper including emergency contact information, personal information and medication information, of the present invention. Accordingly, Goetz et al. do not teach or suggest all of the claimed features of the present invention since Goetz et al. do not teach or suggest a method for generating a report in which the report is immediately readable and is on a one-page, one-sided sheet of paper.

The applicant wishes to begin by respectfully pointing out that for a prior art reference to be an anticipatory reference - the accused claim must read-on the disclosure of the prior art reference. Conceptually, it is a well-established basic principle of patent law that if a claim would preclude the prior art, it is anticipated. See Bristol-Myers Squibb v. Ben Venue Laboratories, 246 F.3d 1368, 58 USPQ2d 1508 (Fed. Cir. 2001). "[I]t is axiomatic that that which would literally infringe if later anticipates if earlier." The Applicants respectfully urge the Examiner to recognize that Goetz et al. cannot, as a matter of law, anticipate the subject matter of the claims presented herewith because the claims do not read-on the present disclosure.

Claim 26 was rejected under 35 U.S.C. § 103 as obvious in view of U.S. Patent No. 6,421,650 to Goetz et al. Goetz et al. teach display of drugs to be administered by proceeding through screens as shown in Figs. 40-43.

In contrast to the invention defined by the present claims, Goetz et al. do not teach or suggest a report including medical information correlated with a graphic illustration on a one-page, one-sided sheet of paper. Rather, Goetz et al. teach scrolling through pages of a display, which has the disadvantage of being difficult to operate by elderly patients. In addition, Goetz et al. do not teach or suggest providing a graphic illustration of the size and shape of the medication. In the present invention, the use of a graphic symbol has the advantage of allowing elderly patients to be able to easily recognize the medication. There is no teaching or suggestion of these advantages in Goetz et al. Accordingly, the invention defined by claim 26 is not obvious in view of Goetz et al.

In view of the foregoing, Applicant submits that all pending claims are in condition for allowance and requests that all claims be allowed. The Examiner is invited to contact the undersigned should he believe that this would expedite prosecution of this application. It is believed that no fee is required. The Commissioner is authorized to charge any deficiency or credit any overpayment to Deposit Account No. 13-2165.

Respectfully submitted,

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